



MONSANTO COMPANY

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November 14, 2008

Hand Delivered

Document Processing Center (AMEND)
Office of Pesticide Programs
U.S. Environmental Protection Agency
One Potomac Yard
2777 S. Crystal Drive, Room S4900
Arlington, VA 22202-4501

Attention: Mr. James A. Tompkins (7505P)
Product Manager, Team (25)

**Subject: Maverick® and Outrider® Herbicides (EPA Reg. No. 524-500);
Submission of Amended Master Label**

Dear Mr. Tompkins:

Enclosed for EPA review and approval is an amended Master Label for EPA Reg. No. 524-500. Revisions have been made to incorporate the most recently approved uses in bermudagrass and bahiagrass pastures as accepted by the Agency in a letter dated February 4, 2008, and on supplemental labeling accepted by the Agency in a letter dated April 2, 2008. Also, the Master Label has been reformatted and revised in several places, with specific attention focused on the following items:

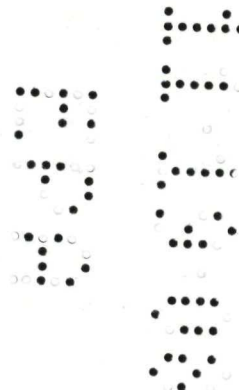
- All pasture and rangeland uses have been added to the Outrider section of the label.
- The bermudagrass and bahiagrass non-crop sites have been moved to the Outrider section of the label.
- New "Storage and Disposal" sections were written according to the Label Review Manual, Chapter 13 dated October 2008.
- The word "recommended" has been deleted when referring to application rates.
- Four (4) weeds were removed from the list of weeds controlled in the Outrider section of the label.
- Corrections have been made based upon the comments received from reviews of the previous Master Label and Supplemental Labels.

If you should have any questions, please contact Dr. Russ Schneider (202-383-2866), or me by phone (314-694-1538) or by electronic mail at clyde.l.livingston@monsanto.com.

Sincerely,

Clyde L. Livingston
Registration Manager

Cc: Russ Schneider, Ph.D.
State Team
File Copy





United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☒ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Monsanto Company / EPA Reg. No. 524-500	2. EPA Product Manager James A. Tompkins	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Monsanto Company / Maverick and Outrider Herbicides	PM# 25	
5. Name and Address of Applicant (Include ZIP Code) Monsanto Company 1300 I (Eye) Street, N.W., Suite 450 East Washington, DC 20005 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to: <input checked="" type="checkbox"/> EPA Reg. No. _____ Product Name _____	

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Submission of revised Master Label to update uses most recently approved by EPA in letter dated April 2, 2008. Also, the Master Label has been reformatted with new "Storage and Disposal" sections, pasture and rangeland uses have been moved to the Outrider section, and the term "recommended" when referring to application rates has been deleted.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt. No. per container	If "Yes" Package wgt. No. per container		
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name Dr. Russell P. Schneider		Title Dir., Regulatory Affairs	
		Telephone No. (Include Area Code) (202) 383-2866	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received (Stamped)
2. Signature <i>Clyde L. Livingston</i>		3. Title Registration Manager	
4. Typed Name Clyde L. Livingston		5. Date November 14, 2008	